

SURPLUS LINK LIMITED

Room 1705-8, 17/F., St. George's Building, 2 Ice House Street, Central, Hong Kong
Tel : (852) 2820-1100 Fax : (852) 2596-0050

Date : 28 February 2011

Ref. : Let/ 110144

The Chambers of the Honorable James M. Peck
One Bowling Green, Court Room 601
New York, New York 10004
U.S.A.

Dear Sir,

Re : United States Bankruptcy Court Southern District of New York
Chapter 11 Case No. 08-13555(JMP) (Jointly Administered)

In re Lehman Brothers Holdings Inc. et al., Debtors

Notice of Hearing on Debtors' Ninety-Second Omnibus Objections to Claims
(No Blocking Number LPS Claims)

Claims to be Disallowed & Expunged	
Creditor Name and Address : Surplus Link Limited Room 1705-8, 17/F., St. George's Building 2 Ice House Street Central, Hong Kong	Claim Number : 37507 Date Filed : 10/13/2009 Debtor : 08-13555 Classification & Amount : Unsecured : \$400,000.00

Referring to the captioned, claims should not be disallowed, as we are providing further details required by the Bar Date Order as follows :

Blocking Reference Number : CA25973
(see attachments 1 & 2)

Details of Our Contact are : Surplus Link Limited
Room 1705-8, 17/F., St. George's Building
2 Ice House Street, Central, Hong Kong

Attention Person : Nicholas H. Hui
(Tel : 852-28201168)
(Email : nicholas@imcgroup.com.hk)

Yours faithfully,

For and on behalf of
SURPLUS LINK LIMITED

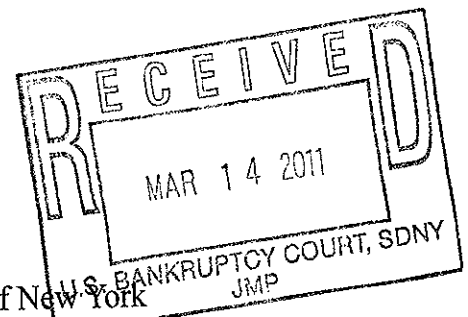

Authorized Signature(s)

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Encl.

cc : Weil Gotshal & Manges LLP

The Office of the United States Trustee for the Southern District of New York



United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM	
In Re: Lehman Brothers Holdings Inc., et al., Debtors.		Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	
Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on http://www.lehman-docket.com as of July 17, 2009		THIS SPACE IS FOR COURT USE ONLY	
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) Surplus Link Limited Room 1705-8, 17/F., St. George's Building 2 Ice House Street, Central Hong Kong		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____	
Telephone number: 852-28201100 Email Address: nicholas@imcgroup.com.hk		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and address where payment should be sent (if different from above)			
Telephone number: _____ Email Address: _____			
1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates. Amount of Claim: \$ <u>US\$400,000.00</u> (Required)			
<input type="checkbox"/> Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.			
2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates. International Securities Identification Number (ISIN): <u>XSO301813522</u> (Required)			
3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates. Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number: <u>Blocking Number CA25973</u> (Required)			
4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers. Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number: <u>Clearstream Account Number 80785</u> (Required)			
5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.		FOR COURT USE ONLY	
Date:	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

SURPLUS LINK LIMITED



BNP PARIBAS
CORPORATE & INVESTMENT BANKING

SURPLUS LINK LTD
ROOMS 1705-08 17/F
ST GEORGE'S BUILDING
2 ICE HOUSE STREET
CENTRAL, HONG KONG

Date: 25 Sep 09

Dear Client,

**LEHMAN BROTHERS HOLDINGS INC. (IN LIQUIDATION) - BLOCKING NUMBER
FOR FILING PROOFS OF CLAIM ON LEHMAN PROGRAMS SECURITIES**

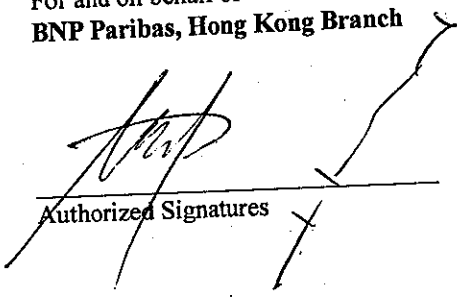
We refer to your written request to us for obtaining the Blocking Number from Clearstream for the Lehman Program Security(ies) set out therein.

Please find below the Blocking Number(s) we have obtained from Clearstream for the following Lehman related products for your attention and use:

<u>Instrument Name</u>	<u>ISIN Code</u>	<u>Blocking Number</u>
1. LEHMAN BRO 6.9PCT 29JUN2049 PERP	XS0301813522	CA25973

Please be also informed that the above product(s) are registered on our account number 80785 in the name of BNP Paribas Hong Kong Branch with Cleastream.

Yours faithfully
For and on behalf of
BNP Paribas, Hong Kong Branch


Authorized Signatures